

**LAW LIBRARY AND RESOURCE CENTER**

**INSTRUCTIONS TO COMPLETE A PETITION TO MODIFY CHILD SUPPORT  
(SIMPLIFIED PROCESS)**

**YOU WILL NEED:**

- A copy of your current Child Support Order
- A copy of your current Income Withholding Order for this case, if there is one.
- A completed “Child Support Worksheet”

Match each numbered item in the instructions with the same numbered item on the form. Type or print neatly using black ink only.

- (A) Fill in the information requested at top left for the person who is filing this form. Write the ATLAS number if one has been assigned to your case. (The spaces marked “Lawyer’s State Bar Number” and “Lawyer for” are used only if a lawyer is preparing this form.)
- (B) Fill in the name of the county where you are filing this Petition to Modify.
- (C) Fill in the names of the persons shown as the “Petitioner” and the “Respondent” on the child support order.
- (D) Fill in the case number that appears on your order for child support.
1. Select petitioner or respondent to identify the party requesting the modification.

Fill in the date on which the judge or commissioner signed your current child support order.

Fill in the name of the Court (example: “Superior Court”)

Fill in the county where the order was issued.

2. Check the boxes to indicate who, under the current child support order, is responsible for insurance. Then check the boxes indicating which insurance(s) were ordered to be provided.
3. Check whether the Petitioner or the Respondent were ordered to make child support payments.

Fill in the amount, schedule (monthly, weekly, bi-weekly), and payment due date listed on the current order. (EXAMPLE: \$150 per month payable on the 1st day of the month or \$150 per month payable one-half on the first and one-half on the 15th of the month).

4. Fill in the amount calculated from your completed Child Support Worksheet.

5. To use the “simplified” process, the calculations must show you are entitled to a change of at least 15%. To calculate the percentage of change between your current support amount and the amount calculated on your new Child Support Worksheet, you will need to:

- Calculate the amount for (a) (See below for assistance.)
- Enter the amount of child support currently ordered for (b)
- Divide the amount listed in (a) by the amount listed in (b) and enter the resulting number in (c).

5(a) is the difference between the amount of child support ordered and the amount you are requesting.

Enter the amount of child support on the current order  
(same as 3 on the Petition) \$ \_\_\_\_\_

Enter amount from line 35 of the new Parents Worksheet  
(same as (4) on the Petition) \$ \_\_\_\_\_

Which is larger?

Write the larger amount here: \_\_\_\_\_

Write the smaller amount here: - \_\_\_\_\_

SUBTRACT the smaller from the larger  
Write the result in the box here  
and on line 5(a) : \_\_\_\_\_

5(b) is the amount of child support in the current order (the same as 3(b) on the Petition). Write that amount on the line for 5(b).

5(c) is the difference between the amount currently ordered and the new amount requested (the amount you just calculated for 5(a)), divided by the amount currently ordered, written as a percentage.

Divided 5(a) by 5(b). Write the resulting percentage on the line for 5(c).

For example, if 5(a) is \$45 and 5(b) is \$225.

To get (c), you would divide 45 by 225, which would equal .2 or 20%

Shown another way, that’s 45 / 225, which equals .2 or 20%

6. If the State of Arizona is involved in your case because you or the other party received services from the State (DES or DCSE), mark the box for "Yes." Otherwise, mark the box for "No."

If the answer is "Yes," you will need to provide notice of this request to change the amount of child support to the Office of the Attorney General. If there is a current Income Withholding Order for child support, fill in the date of that order. If the amount withheld includes Court ordered payments in addition to current child support, list those other amounts included on the Income Withholding Order.

7. Write in the same amount as you previously entered on line 4.
8. Check the appropriate boxes to indicate any requested changes in which parent is responsible for insurance, then write in the percentages to indicate how any uninsured medical expense should be shared.
9. The party filing the request for a change in child support order must date and sign this document. By signing, you are stating under oath, or affirming, that the contents of this request are true and correct under penalty of perjury.

Person Filing: \_\_\_\_\_  
 Address (if not protected): \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 ATLAS Number: \_\_\_\_\_  
 Lawyer's Bar Number: \_\_\_\_\_  
 Representing  Self, without a Lawyer or  
 Attorney for  Petitioner OR  Respondent

## ARIZONA SUPERIOR COURT, PIMA COUNTY

Case No. \_\_\_\_\_

\_\_\_\_\_  
 and  
 \_\_\_\_\_  
 Petitioner  
 Respondent

**PETITION TO MODIFY  
 CHILD SUPPORT  
 (SIMPLIFIED PROCESS)**

**IMPORTANT NOTICE TO PARTY NOT REQUESTING THE MODIFICATION (change).**  
 Your support order may be modified (changed) if you do not request a hearing.

1.  **Petitioner**  **Respondent** (1) asks this court to modify the Arizona child support order:

The Order was issued on: \_\_\_\_\_ (Month/Day/Year)  
 The Order was issued by: \_\_\_\_\_ (Name of Court)  
 Located in this County: \_\_\_\_\_

2. Under the current child support order:

- Petitioner** is responsible for providing  medical  dental  vision care insurance.
- Respondent** is responsible for providing  medical  dental  vision care insurance.
- Neither party** was ordered to provide  medical  dental  vision care insurance.

3. The child support order currently in effect requires the  **Petitioner**  **Respondent** to make payments of \$ \_\_\_\_\_ per \_\_\_\_\_, payable on the \_\_\_\_\_ day of the month.

4. Attached is a Child Support Worksheet. According to the worksheet calculations the child support amount should be \$ \_\_\_\_\_ per month.

5. The following calculations show that the requested change varies from the current-ordered child support amount by 15% or more.

(a) \_\_\_\_\_ divided by (b) \_\_\_\_\_ = (c) \_\_\_\_\_%

a = the difference between the amount currently ordered and the amount requested

b = the amount currently ordered; and

c = the percentage change

6. Is the Department of Economic Security or the Division of Child Support Services (DES or DCSS) providing services to at least one of the parties?  **Yes**  **No**  **Unknown**  
(If "Yes" is selected, the State must also receive notice.)

7. Other court-ordered payments included in the current Income Withholding Order dated:  
\_\_\_\_\_ (month/day/year).

|                                         |                |                  |
|-----------------------------------------|----------------|------------------|
| Current Spousal Maintenance             | \$ _____       | per _____        |
| Child Support Arrearages/Interest       | \$ _____       | per _____        |
| Spousal Maintenance Arrearages/Interest | \$ _____       | per _____        |
| Other _____                             | \$ _____       | per _____        |
| Clearinghouse Handling Fee              | \$ <u>8.00</u> | per <u>month</u> |

**RELIEF REQUESTED:**

A. I request that child support be ordered in the amount of \$ \_\_\_\_\_ per month to be paid by  **Petitioner**  **Respondent**, and that relief requested in the Child Support Worksheet be ordered.

B. **REGARDING INSURANCE FOR MINOR CHILDREN**, order that:

**Petitioner** is responsible for providing  medical  dental  vision care insurance.

**Respondent** is responsible for providing  medical  dental  vision care insurance.

The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows: **Petitioner** \_\_\_\_\_% **Respondent** \_\_\_\_\_. Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements with 45 days after receipt of the request.

C. If this matter goes to hearing, I further request that costs and fees incurred in bringing this action be ordered to be paid by the opposing party.

**UNDER OATH OR BY AFFIRMATION**

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requesting Party's Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to or affirmed before me this: \_\_\_\_\_ (date)

by: \_\_\_\_\_.

(notary seal)

\_\_\_\_\_  
Deputy Clerk of Notary Public

**NOTICE TO PARTIES**

If you do not agree with the modification/change to your child support, you have twenty (20) days to ask for a hearing. If service of process is made outside the State of Arizona, the party receiving service has 30 days in which to ask for a hearing.

Upon proof of service and if no hearing is requested within the time allowed, the court will review the request and enter an appropriate order modifying the support award.

If an error is noted, the amount awarded may be different from the amount requested, but the modification will not be greater than the amount requested.

In the event the court has serious concerns regarding the accuracy of the information, or if a substantial mathematical error is found, the court may set the matter for hearing. If either party requests a hearing within the time allowed, the court shall conduct the hearing. No order shall be modified without a hearing if a hearing is requested.

If you wish to request a hearing, you may obtain the following forms from the Office of the Clerk of Superior Court.

- Request for Hearing and Notice of Hearing
- Child Support Worksheet